MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

0654

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett

City or town Oakland, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life time.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland, County Garrett.

City or town Oakland, Maryland. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rachel J. Ashby.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife: Ralph T. Ashby.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 23d, 1855.

8. AGE: Years 85 | Months 3 | Days 5 | If less than one day ____ hrs. ____ min.

9. Birthplace: Carmel, West Va.
(Town, county, and state)

10. Usual occupation

11. Industry or business: Retired

FATHER
12. Name: William Shaffer.
13. Birthplace: West Va.

MOTHER
14. Maiden name: Fries
15. Birthplace: Unknown

16. Informant: J. J. Ashby.
Address: Oakland, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Jan. 30th, 1940
(month) (day) (year)

Cemetery or crematory: Oakland,
Location: Oakland, Maryland.

18. Funeral director: Emroy D. Bolden.
Address: Oakland, Maryland.

19 Jan. 29. 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28th 1940, at 6:30 a. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1939, to Jan 28 1940 and that I last saw her alive on Jan 4th 1940.

Immediate cause of death: Infirmities of old age

Due to: Chronic Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE M. C. Hunebaugh M. D. or other

Address Oakland Md Date signed Jan 28

RECEIVED
FEB 5 1960
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0655

1. PLACE OF DEATH (93 d)

County Garrett Registration Dist. No. 162

Village or City Grantsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME CHARLES - HAMMOND - BILL

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Nettie Bill

6. DATE OF BIRTH (month, day, and year): Nov. 19 - 1859

7. AGE: Years 80 Months 1 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Merchant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Retired 30 yrs

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town): Grantsville (State or country): Garrett Co Md

FATHER

13. NAME: Charles H. Bill

14. BIRTHPLACE (city or town): Bavaria (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Hammond

16. BIRTHPLACE (city or town): Bavaria (State or country): Germany

17. INFORMANT: Mrs. C. H. Bill (Address): Grantsville Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Grantsville Date Jan. 20, 1940

19. UNDERTAKER: Stanley M Thomas (Address): Salisbury Penna

20. FILED Feb. 3, 1940 Clyde F. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 17 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1939, to Jan 17, 1940

I last saw him alive on Jan 16, 1940, death is said to have occurred on the date stated above, at 5:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis — Date of onset Jan. 17

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) U. R. Dean M. D.

(Address) Grantsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

0656

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Near Oakland, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life Time.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Near Swanton. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lydia Susan Brenneman.

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife: William Brenneman.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 29th 1870.

8. AGE: Years	Months	Days	If less than one day
70	0	21	hrs. min.

9. Birthplace: Bittinger, Md.
(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business

FATHER 12. Name: Alexander Lohr.

13. Birthplace: Pennsylvania.

MOTHER 14. Maiden name: Elizabeth Bittinger.

15. Birthplace: Garrett County.

16. Informant: Lloyd Brenneman.

Address: Swanton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 21st, 1940 (month) (day) (year)

Cemetery or crematory: Brenneman Cemetery.

Location: N ear Swanton. Md.

18. Funeral director: Emroy D. Bolden.

Address: Oakland, Md.

19. Jan. 20. 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 19th, 1940 at 3:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1920, to Jan 19 1940, and that I last saw her alive on Jan 18 1940.

Immediate cause of death: Diabetes Mellitus

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: M. C. Hershberger M. D. or other

Address: Oakland Md Date signed: Jan 19, 39

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

0657

Reg. Dist. No. 164

1. PLACE OF DEATH:
County: Garrett
City or town: Accident R F D #2
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 7 yrs 4 mo 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Accident R F D #2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sarah Brown

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug 30 - 1865

8. AGE: Years: 74 Months: 5 Days: 1 If less than one day ____ hrs. ____ min.

9. Birthplace: Md (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business
FATHER
12. Name: Jacob Bowser
13. Birthplace: Md
MOTHER
14. Maiden name: Katie Boyer
15. Birthplace: Md
16. Informant: Marshal Brown
Address: Accident Md
17. (Burial, ~~cremation, or removal~~. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Hetz Cemetery
Location: Helenian Ridge
19. Funeral director: W W Savage
Address: Friendsville Md
19. Feb 1 1940 (Date rec'd by registrar) A J Richter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 31st 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 30th 1939, to Jan 31st 1940, and that I last saw her alive on Nov 30 1939.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 1940 Jan

Due to: Hypertension

Due to:

Other conditions: Chronic Nephritis — 1928 Oct

(Include pregnancy within 3 months of death)

Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE: H C Medrow M. D. or other
Address: Friendsville Md Date signed 2/1/40

CEIVED
[illegible] 2 1940
[illegible] V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0658

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (92d)

County Garrett Registration Dist. No. 461

Village or City Friendsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Barbara Diefel If U. S. Veteran, specify WAR

(a) Residence: No. Friendsville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Diefel

6. DATE OF BIRTH (month, day, and year) 10-24-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Newport, Ky.

FATHER

13. NAME Lambert Reuther

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kathryn Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Kathryn D. Holdsaw (Address) Friendsville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Annapolis Md. Date 1-16, 1940

19. UNDERTAKER H. H. Savage (Address) Friendsville Md.

20. FILED 1-13, 1940 Jeanette Statler C.L.M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 1938, to Jan 13, 1940

I last saw her alive on Jan 10, 1940; death is said to have occurred on the date stated above, at 11 1/2 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Heart Disease, valvular	
Senility	

Other Contributory Causes of importance: Arteriosclerosis, multiple

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. L. Glover M. D.

(Address) Friendsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
FEB 5 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0659

Reg. Dist. No. 163

1. PLACE OF DEATH:
County: Garrett
City or town: Westernport (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 78 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Garrett
City or town: Westernport (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D. Box 67
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Orin Lee Fazenbaker

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Annie Cornett
6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): June 8 1861

8. AGE:

Years	Months	Days	If less than one day
78	7	8	hrs. min.

9. Birthplace: Aaron's Run, Garrett Co. Md.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Own Farm

FATHER
12. Name: Jesse Fazenbaker
13. Birthplace: Aaron's Run, Md.

MOTHER
14. Maiden name: Margaret Simard
15. Birthplace: Preston Co. W. Va.

16. Informant: Mrs. Raymond Fazenbaker
Address: R.F.D. Box 67, Westernport Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan. 19 1940 (month) (day) (year)
Cemetery or crematory: Philos Cem.
Location: Westernport, Md.

18. Funeral director: D. J. Boal
Address: Barton, Md.

19. 1-18 1939 (Date rec'd by registrar) Dorsey Pattison Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 16, 1940, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 10 1937, to Jan 16, 1940, and that I last saw him alive on Dec. 22 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 Day
Due to Hypertension	5 Years
Due to	
Other conditions Had Cerebral Hemorrhage previously in 1937 (Include pregnancy within 3 months of death)	2 Years

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Paul R. Wilson, M.D.
M.D. or other
Address: Piedmont Date signed: 1-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 2 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

0660

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
County Garrett
City or town Gorman Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: none
Stay in hospital or inst. (yrs., or mos., or days) None
Stay in this community (yrs., or mos., or days) ten years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Gorman Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. None
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Jennie Freeland

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Abraham Freeland
6(c) If alive, give age: Dead years
7. Birth date of deceased (mo., day, yr.): March 26 1850

8. AGE:

Years	Months	Days	If less than one day
89	10	3	0 hrs. 0 min.

9. Birthplace: Chisholm's Mill (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: None.

FATHER
12. Name: James Chisholm
13. Birthplace: Strathdearn Parish of Moy Scotland

MOTHER
14. Maiden name: Mary Chisholm
15. Birthplace: Farr Stralherer Inverness-shire Scotland

16. Informant: Elizabeth J. Williams
Address: Gormania Wva

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 29 1940 (month) (day) (year)
Cemetery or crematory: Bray
Location: Garrett County

18. Funeral director: Emroy Bolden
Address: Oakland Md

19. 1/31/ 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1940, at 6 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from From 1938, to January 28 1940, and that I last saw h sp alive on Sept 1939.

Immediate cause of death: Cancer

Primary cancer of the nose

Due to Duration: 3 four years. C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

DURATION: 3 years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. G. Drintwater M. D. or other
Address Gormania Wva Date signed Jan 29 1940

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

0661

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Oakland, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life Time.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Oakland, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie Friend.

3. (b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FeMale.	White	Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 10th, 1857.

8. AGE:

Years	Months	Days	If less than one day
72	2	9	hrs. min.

9. Birthplace: Sang Run., Md.

(Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business

FATHER

12. Name: Isaac Friend.

13. Birthplace: Garrett County.

MOTHER

14. Maiden name: Elizabeth Markley.

15. Birthplace: Sang Run. Md.

16. Informant: Leroy Friend.

Address: Oakland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 21st, 1940 (month) (day) (year)

Cemetery or crematory: B ray Cemetery

Location: Close Sines Md.

18. Funeral director: Emroy D. Bolden.

Address: Oakland, Md.

19. Jan. 20. 1940 (Date rec'd by registrar) Julia Rowen Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 19th, 1940, at 7:40 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19, to 19,

and that I last saw h alive on 19.

Immediate cause of death: Myocardial Degeneration

Cardiac Decompensation

DURATION

Due to

Due to

Other conditions: Arthritis Deformans

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Lo. D. Baumgartner M.D.

M. D. or other

Address: Oakland Md Date signed 1/19/40

RECEIVED
FEB 5 1940
BUREAU V. S.

0662

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (180)

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH:

County ~~Allegany~~ Garrett

City or town Moscow, Barton, P. Office
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Garrett

City or town Moscow, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Stalin Green

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1939

8. AGE: Years 2 | Months 3 | Days 14 | If less than one day hrs. min.

9. Birthplace Willy Ford, Mineral, W. Va.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name William Richard Green
13. Birthplace Garrett County, Moscow

MOTHER
14. Maiden name Eleanora Naomi McCluskey
15. Birthplace Ridgley, W. Va.

16. Informant William Richard Green
Address Barton, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Jan 22 1940 (month) (day) (year)

Cemetery or crematory Laurel Hill

Location Moscow, Md.

18. Funeral director D. S. Boal
Address Barton, Md.

19. Jan 22 1940 (Date rec'd by registrar) Dorsey Pattison Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21st 1940, at about 10 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death Burning - arms & legs of body completely cremated (destroyed) trunk charred

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 1-21-40

Where did injury occur? Near Barton (City or town) Allegany (County) Md. (State)

Injured at home, farm, industry, public place (where?) burning home

Means of injury burning Injured at work? no

23. SIGNATURE Linnie H. Corson, M. D.
M. D. or other

Address Cumberland, Md. Date signed 1-21-40

Deputy Medical Examiner - Allegany Co.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-5)

CERTIFICATE OF DEATH

0663

Reg. Dist. No. 161

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Garrett
City or town Friendsville.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Garrett
City or town Friendsville, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Grace E. Havener.

3. (b) Social Security Number [redacted]

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Married.

6 (b) Name of husband or wife Robert Griffith Havener. 6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Dec 11th 1889

8. AGE:

Years	Months	Days	If less than one day
50	0	23	hrs. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own home.
FATHER 12. Name John Carlson
13. Birthplace Penna.
MOTHER 14. Maiden name Lydia Fairbanks
15. Birthplace Penna.
16. Informant Robert Havener
Address Friendsville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 6-1940. (month) (day) (year)
Cemetery or crematory Cemetery
Location Addison. Pa.
16. Funeral director W. H. Savage
Address Friendsville Md
19. Jan 6 1940 (Date rec'd by registrar) Jeannette Slater Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1940, at 8:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1939, to Jan. 3 1940, and that I last saw h- alive on Jan. 3 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 days.
Due to Hypertension	4 yr.
Due to Chronic Glomerulo-Nephritis	8 yr.
Other conditions Hypertensive Heart disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [redacted] Greenwald M.D.
M. D. or other
Address Friendsville, Md Date signed 1-4-40

RECEIVED
FEB 8 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

0664

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett

City or town Sang Run, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life Time.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Sang. Run. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR National Guard.

3. (a) FULL NAME John Wesley Markley.

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower.

6 (b) Name of husband or wife Blanche Sines Markley

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) October 14th 1861

8. AGE: Years 79 Months 4 Days 14. If less than one day ___ hrs. ___ min.

9. Birthplace Sang Run, Md.
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Jacob Markley.
13. Birthplace Unkown

MOTHER
14. Maiden name Sarah Friend
15. Birthplace Unkown

16. Informant Herbert Markley.
Address Johnstown, Pa .

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan, 16th, 1940 (month) (day) (year)

Cemetery or crematory Taylor Sines

Location Sines, Md.

18. Funeral director Emroy D. Bolden.
Address Oakland, Md.

19. Jan. 15 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14th. 1940, at 7:20 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Examined after, to Death 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Chronic Myocarditis with Cardiac Decompensation — DURATION ?

Due to

Due to

Other conditions Arteriosclerosis — ?
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. Irving Baumgartner M.D.
M. D. or other

Address Oakland Md Date signed Jan. 15-1940

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92nd)

CERTIFICATE OF DEATH

0665

Reg. Dist. No. 167

1. PLACE OF DEATH:
County Garrett
City or town Rural near Gorman, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: -----
Stay in hospital or insf. (yrs., or mos., or days) ----
Stay in this community (yrs., or mos., or days) 59 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Rural near Gorman Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. on Route 50, 3 miles W. Gorman
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ----

3. (a) FULL NAME
George Steyer Moreland

3. (b) Social Security Number -----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Susan Lipscomb Moreland
6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) July 7, 1880

8. AGE: Years	Months	Days	If less than one day
59	6	--	---- hrs. ---- min.

9. Birthplace Gorman, Garrett Co., Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Own Farm
FATHER 12. Name Thomas J. Moreland
13. Birthplace Buckhannon, W. Va.
MOTHER 14. Maiden name Dorothy J. White
15. Birthplace Gorman, Garrett Co., Md.
16. Informant Susan Lipscomb Moreland
Address R. D. Gormania, W. Va.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 10, 1940 (month) (day) (year)
Cemetery or crematory Moreland Home Place Cemetery
Location Fort Pendleton on Route # 50
18. Funeral director Herbert C. Leighton
Address Oakland, Maryland.
19. January 9, 1940 (Date rec'd by registrar) Virginia M. Harvey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1940 3:45 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 9 1939, to January 3 1940, and that I last saw h[illegible] alive on December 21 1939.

Immediate cause of death
Rheumatic Heart disease with Myocardial failure and
Due to Mitral Stenosis

	DURATION
	?
Due to	5 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. E. Mance M. D.
M. D. or other
Address Oakland, Md. Date signed 1-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1900
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

0666

Reg. Dist. No. 167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A13

1. PLACE OF DEATH:
County: Garrett
City or town: Rural near Steyer, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: -----
Stay in hospital or inst. (yrs., or mos., or days): ---
Stay in this community (yrs., or mos., or days): 4 Mo. 18 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Rural near Steyer, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 1½ miles North Steyer, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: -----

3. (a) FULL NAME: Mary Jane Tucker

3. (b) Social Security Number: ----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Child

6 (b) Name of husband or wife: ----

6(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): Aug. 24, 1939

8. AGE: Years	Months	Days	If less than one day
---	4	18	____ hrs. ____ min.

9. Birthplace: Rural, Deer Park, Garrett Co., Md.
(Town, county, and state)

10. Usual occupation: ----

11. Industry or business: ----

FATHER
12. Name: David M. Tucker
13. Birthplace: Steyer, Garrett Co., Md.

MOTHER
14. Maiden name: Mary Catherine Foley
15. Birthplace: Keyser, W. Va.

16. Informant: Milton Tucker
Address: Steyer, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 13, 1940 (month) (day) (year)
Cemetery or crematory: White Church
Location: 5 miles S E Mt. Lake Park, Md.

18. Funeral director: Herbert C. Leighton
Address: Oakland, Maryland.

19. January 13 1940, Virginia M. Harvey, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 11, 1940 at 5: P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 11 1940 to Jan. 11 1940 and that I last saw her alive on January 11, 1940

Immediate cause of death: Bronchopneumonia — DURATION: 2 days
Acute circulatory collapse — 2 hrs.
Due to: ----
Due to: ----
Other conditions: Malnutrition — 3 mo.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ----
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ---- Date of ----
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ----
Means of injury: ---- Injured at work?

23. SIGNATURE: C. Murray Baumgartner M.D.
M. D. or other
Address: Oakland, Maryland Date signed 1/13/40

RECEIVED
FEB 6 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0667

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Grantsville Rural Dist
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garrett

City or town Rural Dist Grantsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Simon M Yoder

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Catherine Yoder

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 17 - 1874

8. AGE: Years 65 | Months 9 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace Grantsville Rural Garrett Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Moses D Yoder

13. Birthplace Rural Dist Meyersdale

MOTHER

14. Maiden name Sailine Beachy

15. Birthplace Rural Dist Grantsville

16. Informant Alva Yoder

Address Grantsville R D 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 — 16 — 40 (month) (day) (year)

Cemetery or crematory Cemetary Chapel Glen

Location Rural Dist Grantsville

18. Funeral director Allen Winterberg

Address Grantsville Md

19. Feb 3, 1940 (Date rec'd by registrar) Clyde F Bender Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1940, at 10 00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1939, to Jan 13 1940, and that I last saw h in alive on Dec 28 1939

Immediate cause of death	OURATION
Coronary occlusion	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C C Glass M. D.
M. D. or other

Address Meyersdale Pa Date signed 1/14/40

RECEIVED
FEB 13 1910
BUREAU V. S.